



# Employment Application

Prospective employees will receive consideration without discrimination because of race, creed, color, sex, age, marital status, national origin, disability, veteran status or other legally protected characteristic. The YMCA is an Equal Opportunity Employer and a Drug Free Workplace.

WE CONDUCT CRIMINAL BACKGROUND CHECKS OF ALL APPLICANTS

**PERSONAL:** Please print.

Last Name:		First Name:		Middle:	Today's Date:
Present Street Address:					Home Phone:
City:	State:	Zip:		Cell/Message Phone:	
Position Applied for:					Business Phone:
Have you ever been employed by any YMCA? <input type="checkbox"/> Yes <input type="checkbox"/> No From: To: Location(s):					E-mail (optional):
Have you ever volunteered for any YMCA? <input type="checkbox"/> Yes <input type="checkbox"/> No From: To: Location(s):					Are you legally eligible for employment in the U.S.? <input type="checkbox"/> Yes <input type="checkbox"/> No
Are you able to work: <input type="checkbox"/> Full-time <input type="checkbox"/> Part-time <input type="checkbox"/> Substitute/On-Call Specify preferred days and hours:					When will you be available to start?
Are you at least 21 years of age? <input type="checkbox"/> Yes <input type="checkbox"/> No Date of Birth (Only if under age 21):					How were you referred to the YMCA for employment?
List relatives/household members working for the YMCA to avoid potential conflicts in placement:					
1. Have you ever been convicted of or plead guilty to any criminal offense (excluding non-moving traffic offenses)?..... <input type="checkbox"/> Yes <input type="checkbox"/> No 2. Have you ever been found by a court in a civil action, a disciplinary board final hearing or in a protection proceeding to have abused or financially exploited a minor or vulnerable adult??..... <input type="checkbox"/> Yes <input type="checkbox"/> No 3. Has a court ever taken away your custody or visitation rights to a child or vulnerable adult? ..... <input type="checkbox"/> Yes <input type="checkbox"/> No 4. Have you been convicted of a felony? ..... <input type="checkbox"/> Yes <input type="checkbox"/> No If Yes to any question, describe in full on a separate sheet.					

**EDUCATION:**

	Institution Name & Location	Did you Graduate?	Degree Received	Course/Major	
High School		Yes No			
Business/Trade		Yes No			
College		Yes No			
College		Yes No			
Are you presently in school? <input type="checkbox"/> Yes <input type="checkbox"/> No		If yes, give your expected completion date			
Number of Early Childhood Education credits ____ How many are School Age appropriate? ____					
If you are not a high school graduate, list the highest grade you completed ____.					
If you are not a high school graduate, have you earned a GED or high school equivalency? <input type="checkbox"/> Yes <input type="checkbox"/> No					

**MILITARY:** Complete only if you served in the United States Armed Forces.

Describe any duties and special training:	Branch/Unit of Service:
	Period of Active Duty (MM/YY to MM/YY)
	Rank at Discharge

**Attention Applicants: Complete All Pages**



## VOLUNTEER HISTORY & VOLUNTEER REFERENCES:

Include volunteer work/membership in professional or civic organizations related to this position. Exclude, if you wish, those which may disclose your race, creed, color religion, sex, marital status, ancestry or age.

Organization Name / Contact Name	Location (City/State) / Phone	Your Role	Dates (from MM/YY to MM/YY)

## DRIVING INFORMATION:

Furnish only if applying for a position involving driving YMCA-owned/leased vehicle. Participation in pre-employment and random drug testing program is required to drive YMCA vehicles.

Do you have a current driver's license?  Yes  No State Issued: \_\_\_\_\_ CDL?  Yes  No

Do you possess any special endorsements on your license?  Yes  No Please specify \_\_\_\_\_

How many years licensed driving experience do you have?  Less than 2 years  2 years  3 years  4 years or more

Have you had any Driving Violations in the last 5 years? \_\_\_\_\_

## SKILLS & CERTIFICATIONS:

List only job related certifications, licenses, skills. Provide expiration dates if any.

<input type="checkbox"/> First Aid Expires: _____ <input type="checkbox"/> Adult CPR Expires: _____ <input type="checkbox"/> Infant-Child CPR Expires: _____ <input type="checkbox"/> Life Guarding Expires: _____ <input type="checkbox"/> WSI Expires: _____ <input type="checkbox"/> Food Worker Permit Expires: _____ _____ Expires: _____ _____ Expires: _____	YMCA Certificates:  Other Specialized Skills/Training/Languages	Office Skills: Keyboarding: _____ WPM  10 Key / Other Office Machines  Software: (Please List)
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## PERSONAL & CHARACTER REFERENCES:

List four personal/character references, one reference must be an immediate family member. Don't include supervisors listed in Employment section.

Name & Occupation	Organization/Address (City/State/Zip)	Known in what capacity (friend, neighbor, teacher, etc.)	Known how long?	Telephone Numbers
				Days: Eves:
				Days: Eves:
				Days: Eves:

Immediate Family Member Reference:

				Days: Eves:
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**Attention Applicants: Complete All Pages**

**OTHER QUALIFICATIONS:**

List other qualifications and skills related to the position desired, such as special training, typing, classes, etc. You may also list any other information you would like in this space.

**ALL APPLICANTS: Please read carefully before signing.**

I attest that the information provided in this application is true and correct and agree that any untruthful or misleading answers, or omission of fact, may result in rejection of this application, or dismissal if employed. I authorize and release any and all former employers, supervisors and any other persons to furnish the YMCA with information concerning my work performance, skills, abilities and character.

I understand that if an offer of employment is made, employment is conditional based upon the results of background investigation(s) conducted by the YMCA and the State if employed in a DSHS licensed program. Background investigations include completion of criminal conviction and abuse/exploitation disclosure(s), DMV, and related records check(s). Additionally, previous work experience, academic history, certifications, professional licenses, etc. may be verified. Finger printing may be required of all employees. If employed, I agree that employment with the YMCA is at-will and that either the YMCA or I may terminate the relationship at any time with or without cause or notice. This at-will employment relationship can only be altered in writing by the Executive Director and me.

If employed, I understand that I must furnish proof of my identity and legal right to work in the U.S. within three days of hire, in compliance with the Immigration Reform and Control Act of 1986. I further understand that if I am employed, I am required to abide by all policies and procedures of the YMCA of the Greater Tri-Cities.

Applicant Signature \_\_\_\_\_ Date \_\_\_\_\_

**COMPLETE THESE QUESTIONS ONLY IF APPLYING TO WORK WITH YOUTH.**

1) Why do you want to work with and care for youth? \_\_\_\_\_

\_\_\_\_\_

2) With what age group or gender do you prefer to work? \_\_\_\_\_ Why? \_\_\_\_\_

\_\_\_\_\_

3) Other than employment within your own family, what other involvement do you have with youth? \_\_\_\_\_

\_\_\_\_\_

4) Have you ever molested or abused a child?  Yes  No

5) What youth work training have you received? \_\_\_\_\_

\_\_\_\_\_